

## HALF A DOZEN THINGS TO KNOW ABOUT ALCOHOL-USE DISORDERS

### CEM SUMMARY OF NICE GUIDANCE CG100 (2010) & CG115 (2011)

<http://guidance.nice.org.uk/CG100> <http://guidance.nice.org.uk/CG115>

#### 1. Assessment tools: [CG 115, 5.13]

- **AUDIT** (Alcohol Use Disorders Identification Test) for identification and as a routine outcome measure [5.18.1]
- **SADQ** (Severity of Alcohol Dependence Questionnaire) [5.18.2] or **LDQ** (Leeds Dependence Questionnaire) [5.18.3] for severity of dependence
- **CIWA-Ar Scale** (Clinical Institute Withdrawal Assessment of Alcohol revised) for severity of withdrawal [5.17.1]
- **APQ** (Alcohol Problems Questionnaire) for the nature and extent of the problems arising from alcohol misuse [5.19.1]
- **T-ASI** (Teen Addiction Severity Index) a semi-structured clinical interview designed to provide a reliable and valid measure in the evaluation of substance misuse in adolescents. [5.22.4]

2. Evidence indicates that a community setting for assisted withdrawal is as clinically effective and safe for the majority of patients as an inpatient or residential setting, and it is also likely to be more cost effective. Therefore community-based assisted withdrawal should be the first choice for most people. [CG 115, 5.31]
3. Consider inpatient assisted withdrawal if patient has a score of more than 30 on the SADQ or history of epilepsy, withdrawal-related seizures or delirium tremens during previous assisted withdrawal programmes. [CG 115, 5.29]
4. If benzodiazepines are used for older adults or people with liver impairment, consider one needing limited liver metabolism (for example, lorazepam), start with a reduced dose and monitor liver function carefully. [CG 100, 2.2.6]
5. For patients with co-existing benzodiazepine and alcohol dependence, increase the dose of benzodiazepine used for withdrawal. Calculate the initial daily dose based on the requirements for alcohol withdrawal plus the equivalent regularly used daily dose of benzodiazepine. [CG 115, 8.3.5.11]
6. Offer oral lorazepam as first-line treatment for delirium tremens. If symptoms persist or oral medication is declined, give parenteral lorazepam, haloperidol or olanzapine. [CG 100, 2.4.6] Do not offer phenytoin to treat alcohol withdrawal seizures. [2.5.7]